CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN							
Is This Report an Amendment: Yes No							
Instructions for completing schedules are on the back of each schedule.							
COMMITTEE IDENTIFICATION							
Name of Committee Galvin for Alderperson-GI Street Address 1244 Emile Street	neen Bay Disti	vict 4	FFICE USE ONLY				
City, State and Zip Code Green Bax, WI 54301							
Please check if address is different than previously reported, and	complete the Campaign Reg	istration Statement in the	back of this form.				
NAME OF REPORT							
January Continuing Pre-Primary July Continuing Pre-Election	Spring I	Sall Special	Termination Report				
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar					
1. RECEIPTS		Year-To-Date	_				
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ 2338.21	_				
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-	_				
1C. Other Income and Commercial Loans	\$,/2	\$.12	_				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.12	\$.12	_				
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ -0-	s -0-					
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-					
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -0-	\$ 10-					
CASH SUMMARY							
Cash Balance Beginning of Report	s 2338.21						
Total Receipts	\$.12.						
Subtotal	\$ 2338-33°						
Total Disbursements	\$ -0						
CASH BALANCE END OF REPORT	\$ 2338.33						
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s -0-						
LOANS (Balance at the Close of This Period-3B)	s -O-						
I certify that I have examined this report and to the best of m	y knowledge and belief it i	s true, correct and com	plete.				

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 1-4-2021
Darlene Marcelle	Email ddmarce leetds, net	Daytime Phone: 720 - 468 - 119

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 2

Galvin	r completing schedules are on the back of each sci Full Name, Mailing Address and Zip Code Of Contributor	en Bay District 4		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of	Y-T-D
11/1			Contribution	Total
19/2000	Interest on Checking account			.12
/ avai	J. 102.11. V			1/2
19/0/20) A			
19 T/ dud	Check if: In-Kind Loan Conduit – Ethics ID#			
		1 1 1		
	Check if: In-Kind Lean Conduit – Ethics 1D#			
	Oneck II. [2] III-Mild [2] Conjugate - Luines 15#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
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	Check If: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
_ <u></u>	SUPTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$.1.0
	SSSICIAL	TOTAL ITEMIZED CONTRIBUTIONS	\$	1/02
			\$	
		IYMOUS CONTRIBUTIONS \$10 OR LESS		./2

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Galvin for Alderperson-Green Bay, District 4

Instructions for completing schedules are on the back of each schedule. Date Full Name of Committee, Mailing Address and Zip Code Amount of Contribution Check if: In-Kind Loan Check if: ☐ In-Kind ☐ Loan Check if: 🔲 In-Kind 🔟 Loan Check if: [] In-Kind [] Loan Check if: In-Kind Loan Check if: 🔲 In-Kind 🔟 Loan SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE | \$ TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | \$



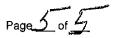
RECEIPTS Other Income and Commercial Loans

Page 4 of 4

Complete Committee Name Galviw for Alder person - Green Bay District Instructions for completing schedules are on the back of each schedule.							
Instructions for completing schedules are on the back of each schedule.							
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount				
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	and the state of t	y «					
	Signed Profession .						
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· =		SUBTOTAL OTHER INCOME THIS PAGE	\$ -0-				
		TOTAL ITEMIZED OTHER INCOME	\$				
		TOTAL OTHER INCOME	0 -				



DISBURSEMENTS Gross Expenditures



Complete Commi	ttee Name Or Alderperson-GreenBay-Dist	thirt 4	
Instructions for	completing schedules are on the back of each schedule.	16.7	
Date	Full Name, Mailing Address and Zlp Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
<u></u>			
	Check if:		
	Check if:		
		James fra	
	Check if: In-Kind Offset		
	Check if: D In-Kind Offset		
<u> </u>	Check if:	<u> </u>	
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	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ ~ 0
		TOTAL ITEMIZED EXPENDITURES	\$
	-	TOTAL UNITEMIZED EXPENDITURES	\$
		TOTAL EXPENDITURES	· == / -

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page 6 of 6

Complete Comm	for Alderperson-Green Bay District 4		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: ☐ In-Kind ☐ Loan		-
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	ம் ^{அக்குக} ்கி Check }f: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: 🗓 In-Kind 📋 Loan		<u> </u>
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
L_	Check if: In-Kind I Loan SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	-0-
		1	

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Complete Co	ommittee Name) B. D	1. + 1 + 1				
Instructions	<u>Y'n for Alderperson - 61</u> s for completing schedules are on the back of each		istric/H				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period		ative Payments his Period	Outstanding Balance At Close of This Period	
Date	Full Name, Mailing Address and Zip Code of Creditor						
1 1							
		Nature of Debt (Purpose)				<u> </u>	
Date	Full Name, Mailing Address and Zip Code of Creditor	 	4				
1 1			Λ	e com	e ^{le} taria.		
		Nature of Debt (Purpose)		AND THE REAL PROPERTY AND ADDRESS OF THE PARTY	1		
Date	Full Name, Mailing Address and Zip Code of Creditor	<u> </u>	- I something	Mary and the			_
1 1			AND THE PERSON NAMED IN COLUMN				
		Nature of Debt (Purpose)	pir translation.				_
Date	Full Name, Mailing Address and Zip Code of Creditor						_
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		Nature of Debt (Purpose)					
Date	Full Name, Mailing Address and Zip Code of Creditor			· · ·	-	·	-
1 1							
		Nature of Debt (Purpose)					
				=		2 2 2 E	
Date	Full Name, Mailing Address and Zip Code of Creditor						
I = I							
		Nature of Debt (Purpose)					
		_					
Date	Full Name, Mailing Address and Zip Code of Creditor						
1 1							
		Nature of Debt (Purpose)					
B-1-	E-II Nove Malling Address and 71- Onder Continue	ļ,			·		
Date	Full Name, Mailing Address and Zip Code of Creditor						
1 1		Nature of Debt (Purpose)					
		Mature of Debt (Purpose)					
•					.	· ·	_
		SUBTOTAL ITEMIZED	OBLIGATIONS THIS	PAGE	\$ 1945	0-	
		• тот	AL ITEMIZED OBLIGA	TIONS	\$ 100	0	
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OF	RLESS	\$ ""(man and a second	

TOTAL INCURRED OBLIGATIONS \$

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page $\underline{\mathcal{S}}$ of $\underline{\mathcal{S}}$

TOTAL OUTSTANDING LOANS \$ ~ \(\sigma \) =

Galvin for Alderperson-Green Bay-District 4

Instructions fo	r completing schedules are on the back of each s	chedule.				
	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date						
1 1						
List All Endorse	rs or Guarantors (if any)					
E-0.51	A.1	T 0 11			.	
of Guarantor	Ing Address and ZIp Code	Occupation				
		Amount Guarantee	ed Outstanding			<u> </u>
		\$	X	and the second		
Full Name, Mail of Guarantor	ing Address and Zlp Code	Occupation	1	a		
		Amount Guarantee	ed Outstanding			
		\$	and the state of t	A STATE OF THE STA		
		The state of the s	* <i>K</i>			
1. 2. 2. 2. 3. 3. 3.	Full Name, Mailing Address and Zip Code of Loan Sou	Ime	Outstanding		Cumulative	Outstanding
	t an name, maining Address and Elp 3000 of Edgi) (600	41 O O	Obligations Beginning of This Period	New Loans This Period	Payments This Period	Obligations End of This Period
Date / /						
	rs or Guarantors (if any)					<u> </u>
LISCAII LIIQOISE	is or Guarantors (if any)					
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
		Amount Guarantee				<u>-</u>
		\$				
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
<u> </u>		Amount Guarantee	ed Outstanding			
		\$				
	Full Name, Mailing Address and Zip Code of Loan Sou	ırce	Outstanding		Cumulative	Outstanding
			Obligations Beginning of This Perlod	New Loans This Period	Payments This Period	Obligations End of This Period
Date						
1 1						
List All Endorse	rs or Guarantors (if any)					
Full Name, Mail	ing Address and Zip Code	Occupation				·
of Guarantor						
		Amount Guarantee	ed Outstanding		-	
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Full Name, Mail of Guarantor	ing Address and Zlp Code	Occupation				
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			SUBTOTAL O	UTSTANDING LOA	NS THIS PAGE	s ~ O